

213047524
11287

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 029	Agency Case No. B3-115775	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/16/2013		TIME OF ACCIDENT 1725	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1728	Amended	
B	42	ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. N 27th St between W St and Pear St			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	12/23/2013
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				120.50	X	Pear St
V1/M	08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F	1	DRIVER LICENSE NO. H13671561			STATE (Of License) NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	1	DRIVER MICHAEL J STREET			PHONE 320-267-2814	LOCAL NO.
V2/N	1	DRIVER ADDRESS 341 N 44TH ST APT 708, LINCOLN, NE 68503			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 08/03/1988
G	5	OWNER MICHAEL J STREET			PHONE 320-267-2814	LOCAL NO.
H	2	OWNER ADDRESS 341 N 44th St #708, Lincoln, NE 68503			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO LB402728
V1/O	3	LICENSE PLATE TE NO. TEK058	YEAR 2006	MAKE Chevrolet	MODEL Silverado	BODY STYLE Pickup truck
V2/O	2	VEHICLE 2006	Chevrolet	Silverado	Pickup truck	gray
		VEHICLE ID NO. (VIN) 2GCEK13T261143332	INSURANCE COMPANY Farmers			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 6000
		TOWED TO Auto one	TOWED BY Capital Towing	POLICY NO. 195297430		
I	1	VEHICLE NO. 2				
V1/P	1	DRIVER DANA L JOHNSON			PHONE 402-641-6121	LOCAL NO.
V2/P	1	DRIVER ADDRESS 220 24 1/2 RD, SURPRISE, NE 68667			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 01/27/1992
J	01	OWNER KURTIS D JOHNSON			PHONE 402-641-3209	LOCAL NO. 03-20-1962
V1/Q	1	OWNER ADDRESS 19 JARECKI LAKE, COLUMBUS, NE 68601			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO
V2/Q	4	LICENSE PLATE PA NO. 25H205	YEAR 2004	MAKE GMC	MODEL Envoy	BODY STYLE Compact Utility
		VEHICLE 2004	GMC	Envoy	Compact Utility	silver / chrome
		VEHICLE ID NO. (VIN) 1GKDT13S742421904	INSURANCE COMPANY Progressive			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000
K	01	TOWED TO	TOWED BY	POLICY NO. 900653391		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-115775

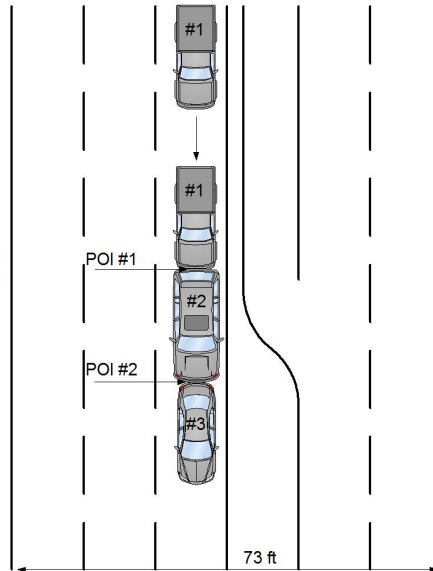


Indicate
North
by Arrow



POI #1
120.5 ft N of the N curb of Pear St
43 ft W of the E curb of N 27th St

POI #2
96.4 ft N of the N curb of Pear St
43 ft W of the E curb of N 27th St



Not To Scale

Measurements approximate

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh #1 was SB in the inside through lane on N 27th St between W St and Pear St when it struck Veh #2 from behind causing it to hit Veh #3. Driver #1 stated the vehicle in front of him stopped fast and he hit it from behind. Driver #1 stated he was going approximately 20 mph at the time of the accident. Veh #2 was SB in the inside through lane on N 27th St between W St and Pear St when it was struck from behind by Veh #1 causing it to hit Veh #3. Driver #2 stated she was going approximately 20 mph when the vehicle in front of her stopped suddenly and she stopped fast. Driver #2 stated when she stopped the pickup hit her from behind causing her vehicle to hit the car in front of her. Veh #3 was SB in the inside through lane between W St and Pear St when it was struck from behind. Driver #3 stated she was in heavy traffic when she stopped due to vehicles in front of her and then she was hit from behind.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2									
1		X			N 27th St	POINT OF IMPACT	01	POINT OF IMPACT	05	4		2		ALCOHOL TESTING		Driver No. 1	Driver No. 2
2		X			N 27th ST	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL LEVEL TESTED		Y	Y
1	01	06 Turning left 07 Making U-turn				00 None	02	03	04	VEHICLE 2		VEHICLE 2		BAC LEVEL		ALCOHOL/ DRUGS SUSPECTED	
2	01	08 Entering traffic lane				09 Top & windows	01	05	06	4		2		1		1	
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right						09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown					

OFFICER NO. 1645	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Nolan Hauser		INVESTIGATOR SIGNATURE Approved by Nolan Hauser	DATE OF REPORT 12/23/2013

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District 029

Agency
Case No. B3-115775

STATE USE ONLY

Amended

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

12/16/2013

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. N 27th St between W St and Pear St

VEH. #	VEHICLE NO. <u>3</u>										VEH. #		
3	DRIVER LICENSE NO.		<u>H12689125</u>				STATE (Of License)		<u>NE</u>	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3		
M	DRIVER <u>LAN D CHU</u>						PHONE <u>402-617-7214</u>		LOCAL NO.		1.		
N	DRIVER ADDRESS <u>5305 MISSION LN, LINCOLN, NE 68521</u>						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	<u>02/17/1948</u>	2.		
O	OWNER <u>DINH T LE</u>						PHONE <u>402-617-7214</u>		LOCAL NO. <u>12-20-1942</u>		3.		
P	OWNER ADDRESS <u>5305 MISSION LANE, LINCOLN, NE 68521</u>						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	4.		
Q	LICENSE PLATE	PA	NO.	<u>RYJ962</u>	YEAR (Plate Expires)	<u>2014</u>	STATE (Of Plate)	<u>NE</u>			5.		
4	VEHICLE	YEAR	<u>1998</u>	MAKE	<u>Toyota</u>	MODEL	<u>Camry</u>	BODY STYLE	<u>4 door Sedan</u>	COLOR	<u>black</u>	ESTIMATED DAMAGE <input type="radio"/> TOTALED <u>\$ 4000</u>	18
	VEHICLE ID NO. (VIN)	<u>4T1BG22K1WU187082</u>					INSURANCE COMPANY <u>State Farm Ins</u>					6.	
	TOWED TO					TOWED BY					POLICY NO. <u>030 6078-C20-27A</u>	35	

VEH. #	VEHICLE NO. <u>4</u>										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	4		
M	DRIVER						PHONE		LOCAL NO.		1.		
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		2.		
O	OWNER						PHONE		LOCAL NO.		3.		
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	4.		
Q	LICENSE PLATE	NO.			YEAR (Plate Expires)			STATE (Of Plate)			5.		
	VEHICLE	YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOTALED <u>\$</u>	
	VEHICLE ID NO. (VIN)						INSURANCE COMPANY					6.	
	TOWED TO					TOWED BY					POLICY NO.		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE <u>3</u>				RESTRAINT USE VEHICLE <u>3</u>				TOTAL OCCUPANTS VEH <u>3</u> 2 VEH <u>4</u>				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
3			X																	
4																				
3	01				06 Turning left				VEHICLE <u>3</u>				VEHICLE <u>4</u>				ALCOHOL TESTING			
4					07 Making U-turn				POINT OF IMPACT	<u>05</u>	POINT OF IMPACT		1 None used - vehicle occupant				Driver No. <u>3</u> 2 Driver No. <u>4</u>			
					08 Entering traffic lane				MOST DAMAGED AREA	<u>05</u>	MOST DAMAGED AREA		2 Lap & shoulder belt used				ALCOHOL LEVEL TESTED			
					09 Leaving traffic lane				00 None				3 Deployed - both front/side				N X N			
					10 Parked				01				4 Not deployed				BAC LEVEL			
					11 Slowing or stopped in traffic				02				5 Not applicable/ No airbag available				ALCOHOL/ DRUGS SUSPECTED			
					12 Other				03				6 Unknown				Driver No. <u>3</u> 4 Driver No. <u>4</u>			
					13 Unknown				04				7 DOT approved helmet used				1 Neither alcohol nor drugs suspected			
									05				8 Costume helmet used				2 Yes - alcohol suspected			
									06				9 Restraint use unknown				3 Yes - drugs suspected			
																	4 Yes - alcohol & drugs suspected			
																	5 Unknown			

Complete this section for all injured persons

VEH. #	NAME						ADDRESS						DATE OF BIRTH (MM / DD / YYYY)						1	2	3	4	5	SEX					
	LOCAL NO.						MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS RUN REPORT NO.						Seat Position	Eject	Body Region	Injury Sev.	Trans.
VEH. #	NAME						ADDRESS																						
	LOCAL NO.						MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS RUN REPORT NO.										
VEH. #	NAME						ADDRESS																						
	LOCAL NO.						MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS RUN REPORT NO.										

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B3-115775

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1645		CE	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Nolan Hauser			Approved by Nolan Hauser		12/23/2013